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- c. In some cases, there will be prisoners who take some of their medications SM-KOP while taking others by another method of distribution due to the type of medication or a specific concern of the health care practitioner.
  - d. SM-KOP medication distribution will be handled according to the Inmate Health "Self- Medication Keep On Person Protocol." No medications may be distributed via the SM-KOP method if prohibited by the Inmate Health SM-KOP Protocol. See attached protocol.
  - e. With the approval of the Health Care Administrator and Superintendent, the Institutional Health Care Officer may develop standard operating procedures consistent with the Inmate Health "Self-Medication Keep On Person Protocol" to clarify more specifically the protocol for SM- KOP in their particular institution. The institution's Standard Operating Procedure for SM-KOP must be approved by the Health Care Administrator before implementation.
8. Self-Medication Stored by Security (SM-SS)
- a. Blister packs/cards for SM-SS must be labeled as SM-SS along with the standard prescription labeling information.
  - b. Each medication prescribed for a prisoner must be specifically ordered for SM-SS in order to be distributed as such.
  - c. In facilities where security constraints make it reasonable to allow prisoners to access their medication property as needed, the health care practitioner may order SM-SS for "PRN" (take as needed) medications, but in other facilities this practice should be avoided. If the medication is ordered as PRN, the prisoner may take the PRN medication based upon his/her own assessment that he/she is following the prescribing health care practitioner's guidelines. Medical staff shall periodically monitor the use of PRN medications and the prescribing health care practitioner shall review any apparent misuse.
  - d. Some prisoners may have some medications that they take SM-SS and others that they receive by the MSAM method or by the SM-KOP method, due to the type of medication or a specific concern of the health care practitioner.
  - e. SM-SS medication distribution must be handled according to the Inmate Health "Self- Medication Stored by Security Protocol." No medications may be distributed via the SM-SS method if prohibited by the Inmate Health SM-SS protocol. See attached protocol.
  - f. Upon approval of the Health Care Administrator and Superintendent, the Institutional Health Care Officer may develop operating procedures consistent with the Inmate Health "Self- Medication Stored by Security Protocol" to clarify more specifically the protocol for SM-SS in their particular institution. The institution's Standard Operating Procedure for SM-SS must be approved by the Health Care Administrator before implementation.
9. Self-Medication Med-Line (SM-ML)
- a. Self-Medication Med-Line (SM-ML) is a type of self-medication in which a prisoner self- administers medication at med-line with the assistance of a Correctional Officer. These prisoners will be administered their medication by medical staff if on duty rather than self medicating. The prescribing health care practitioner may authorize this form of medication distribution upon concluding that the prisoner is capable of self-administering medication. When medical staff is not present in the facility, a trained officer shall hold med-line at specified times. The officer may not administer medications, but shall instead assist the prisoner with self-medication.



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- b. The officer shall identify the prisoner and hand the prisoner his/her pharmacy labeled medication containers. The prisoner shall take the appropriate medication out of the medication container. The officer must observe the prisoner properly taking the medication. The officer shall write the letter "US" to indicate self-medication in the appropriate box of the Medication Administration Chart (or the Remand Medication Form 807.051) for each medication taken. If the prisoner refuses to take the medication, the officer shall draw a circle around the "US" to indicate that the prisoner did not take his/her medication. The officer shall then return the medication to the storage area in the medication cart. Any problems must be reported to medical staff.
  - c. In facilities where security constraints make it reasonable to allow prisoners to access their medication property as needed, the health care practitioner may order SM-ML for "PRN" (take as needed) medications, but in other facilities this practice should be avoided. If the medication is ordered as PRN, the prisoner may take the PRN medication based upon his/her own assessment that he/she is following the prescribing health care practitioner's guidelines. The officer shall write the letter "s" to indicate self-medication in the appropriate box of the PRN section of the Medication Administration Chart (or the Remand Medication Form) for each medication taken. Any problems must be reported to medical staff. Medical staff shall periodically monitor the use of PRN medications and the prescribing health care practitioner shall review any apparent misuse.
  - d. Oral liquid medications and injections may not be distributed by the SM-ML method. In the case of diabetics on insulin who are approved for the self-administration of insulin, the Self-Medication Stored by Security method may be used.
  - e. Controlled substances in blister cards must have a red "C" stamped in the upper left corner. Only controlled substance blister cards that are stamped with "SM-ML" may be accessible to officers assisting with SM-ML. A prisoner or security staff shall initial the Medication Administration Chart form (807.05 A) for each self-administered dosage. Additionally, a count sheet showing a descending count must be attached to each blister card containing controlled substances. Both the prisoner and security staff shall initial on the appropriate line on the count sheet acknowledging the descending count.
  - f. In the event that a medication is ordered that has not been approved for self-medication, if no qualified medical staff is available to administer the medication, then either a nurse or the IHCO must be called in to the facility to administer the medication.
  - g. SM-ML medication distribution must be handled according to the Inmate Health Self-Medication Med-Line Protocol." No medications may be distributed via the SM-ML method if prohibited by the Inmate Health SM-ML protocol.
  - h. Upon approval of the Health Care Administrator and Superintendent, the Institutional Health Care Officer may develop operating procedures consistent with the Inmate Health Self-Medication Med-Line Protocol" to clarify more specifically the protocol for SM-ML in their particular institution. The institution's Standard Operating Procedure for SM-ML must be approved by the Health Care Administrator before implementation.
10. Remands on Prescribed Medications
- a. Staff shall follow the procedures below if prisoners have their own prescription medications in their possession upon remand:
    - (1) All prescription drugs brought into Alaska DOC facilities must be surrendered to staff in order to assess the medication needs of the patient. Prisoners' own



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medication must be stored in the medical unit rather than in the prisoners' property.

- (2) Medical staff shall verify that the medication is current, review the quantity compared to the prescription date and prescribing information, and examine the medication to ensure that other medications are not present in the container.
- (3) A prisoner's personal properly-labeled medication may in some circumstances be temporarily continued by the prisoner utilizing the SM-ML method of distribution without a DOC practitioner's order. This may only be done if health care staff is on duty and have reviewed the medication. If nursing staff reviewing the medication have any questions regarding the appropriateness of the medication, then the health care practitioner on call for the facility must be promptly contacted for direction. If the health care practitioner determines that the medication is not necessary to continue at this time, the prisoner may not take his/her personal medication while in DOC custody. Pending a DOC practitioner's order, when a prisoner receives his/her own personal medications, the recording of doses taken by the prisoner must be kept on the Remand Medication Form (807.051).
- b. If the prisoner did not bring medication to the facility at remand, then health care staff shall attempt to verify the prescription when the prisoner reports he/she is on prescription medication. If verified, the IHCO or on call health care practitioner must be notified prior to the next scheduled dose.
- c. If no medical staff is on duty and a prisoner indicates that he has medication that must be taken before health care staff is scheduled to be on site, whether the prisoner brought his or her medication or not, the correctional officer shall inform the telenurse who shall attempt to verify the prescription and may conduct a telehealth screening. The prisoner's personal medications may not be used until on-site medical staff has identified the medication. If the prescription is verified, the IHCO or on call health care practitioner must be notified for directions or orders prior to the next scheduled dose. If medication must be taken before medical staff is on duty, then the health care practitioner shall arrange for health care staff to come into the facility, arrange for medication to be brought into the facility, or refer the prisoner to the emergency room.
- d. Upon a DOC health practitioner's order, the medication shall be obtained from the Department pharmacy in a blister pack/card and staff must start the prisoner on the medications. The prisoner's personal medications must be placed in a secure place in the medical department. Unidentified loose pills must be sent to the Pharmacy for destruction.

#### 11. Controlled Substances

- a. Only a properly authorized health care practitioner with a DRUG ENFORCEMENT AGENCY (DEA) number may write prescriptions for controlled substances. All orders for Schedule II Controlled Substances must be for a specific patient and the original prescription must be forwarded to the pharmacy as soon as possible. The orders automatically must be discontinued after 72 hours, except as described below.
  - (1) Exceptions to Automatic Stop Orders are:
    - (a) The order indicates the exact number of doses to be administered; or
    - (b) An exact period of time for administration of medication is specified in the initial order.



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- b. Medical Staff at an institution must record the receipt of all controlled substances on form 807.050. This includes medications to be prescribed for a prisoner or assigned to stock.
- c. The medical unit must secure all medications. The unit must store stock controlled substances in a secure, double-locked safe or cabinet, access to which is limited to medical staff.
- d. Medical staff at an institution shall return unused controlled medications, controlled substance inventory sheets, and empty cards to the pharmacy with the Returned Controlled Substance Form 807.05H. The pharmacist shall record the receipt on the Returned Controlled Substance Form 807.05H and the Controlled Substance Inventory Sheet 807.058. Unused controlled substances must be verified against the Controlled Substance Inventory Sheet, 807.058, by the pharmacy staff. All returned Schedule II drugs must be put in the safe in the pharmacy.
- e. Correctional officers may assist a prisoner with self-medication of controlled substances in properly labeled blister pack/card. The correctional officer and the prisoner shall document the process. The correctional officer and prisoner shall jointly sign out for each dose the prisoner self-administers while at the same time keeping a running count of the remaining dosages of the controlled substance in the prisoner's blister card or other medication container. This documentation will occur on the Dispensed Controlled Substances Accounting Form 807.05G, attached to the back of the prisoner's blister pack/card.
- f. The Department will maintain a complete record and inventory of controlled substances and related equipment as follows:
  - (1) All controlled substances must be clearly marked on their containers with a capital C followed by a Roman numeral indicating Schedule I, II, III, IV, or V as appropriate (e.g., CII). Dispensed controlled substances in prisoner-specific labeled blister packs/cards must be marked with a red C on the package.
  - (2) On-site medical personnel at each shift change shall inventory stock controlled substances, if any, and related equipment items and note the correct count by signing their name to the Controlled Substance Inventory Sheet (form 807.058) on each item. This count is to be performed by two individuals. Dispensed controlled substances in a prisoner-specific labeled blister pack/card must be accounted for at the time of each dosage given by the staff and the prisoner (or two staff in the event that a prisoner cannot or will not sign) cosigning the Dispensed Controlled Substances Accounting Form, 807.05G, attached to the back of the blister pack/card for each dose along with the descending count. In the event there is a discrepancy in the count, off-going staff must report the discrepancy immediately to their supervisor or to the on-call health care practitioner before leaving the facility.
  - (3) Medical personnel at each facility shall submit a controlled substance inventory to the pharmacy on the first and fifteenth of each month. The inventory must include the name of the medication and the Rx number for all controlled substance containers in the facility.
- g. Controlled substances may be transferred from one facility to another when a prisoner is transferred and the drug is not currently in stock at the receiving facility. Medical personnel transferring the prisoner will complete the Transfer of Controlled Substances, Form 807.05K. The form must be faxed to the pharmacy and to the receiving facility. When the medication arrives at the receiving facility, medical staff will complete the form and fax a copy to the transferring facility and to the pharmacy.



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#### 12. Medical Errors/Drug Reactions

Medical staff must immediately report medication errors or adverse drug reactions that require any type of medical intervention to the on-call health care practitioner and complete a Medical Incident Report 807.050 prior to the end of the shift during which the incident occurred, or during the shift when staff become aware of the error or drug reaction. The Medical Incident Report must be sent to the Health Care Administrator or designee at Central Office. Institutional health care staff shall document in the chart and inform the pharmacy of any adverse drug reactions experienced by prisoners for whom they prescribe medication.

#### 13. Medications Provided Upon Release

- a. It is the prisoner's responsibility to inform medical staff of his or her pending release. If a prisoner is released without prior notice, the health practitioner may write or phone in a prescription to a pharmacy of the prisoner's choice.
- b. Only essential medications may be provided to a prisoner upon release. Prisoners may be given a one-week supply of the following essential medications: anticonvulsants, antibiotics, antivirals, antituberculosis agents, psychotropics, cardiovascular agents, asthma medications oral diabetic agents or medications recently started for an acute condition. If necessary, a two-week supply of psychotropic medications may be given to mentally ill prisoners. For prisoners on birth control medications, the remainder of the medication/package may be given upon release.
- c. If the medication provided upon release is not in a childproof container, the prisoner must sign a Release Medication Waiver Log, Form 807.05J.
- d. If an IHCO determines that a prisoner needs a discharge medication that is not listed in 13(b) above, or for a period longer than stated above, he/she should complete a non-formulary request.
- e. Health care practitioners may not issue over-the-counter medications to prisoners upon release.
- f. If personal medications are taken to a CRC, CRC staff shall ensure that the medications are given to the prisoner upon release. Medical staff shall ensure that the medications and labels are consistent with current medication orders. Any discrepancy must be referred to the IHCO to determine a plan to resolve the discrepancy.

#### 14. Handling and Packaging Medications

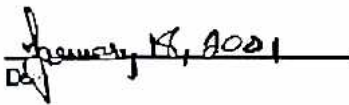
- a. The Institutional Health Care Officer is responsible for devising procedures that ensure the security of pharmaceuticals. These procedures must be submitted to the Superintendent and the Pharmacist for approval.
- b. Staff must return all ordered but unused prescription medications to the pharmacy. Staff must also return controlled substances with the Controlled Substance Inventory Sheet (form 807.058) or the empty blister pack/card with the Returned Controlled Substances Form, 807.05G.
- c. The label of any legend drug may not be changed except by a pharmacist or health care practitioner.
- d. Only the pharmacist may destroy unused medications. Controlled substances must be destroyed at an incinerator approved by the Environmental Protection Agency as directed by OEA procedure.

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- e. A prisoner participating in a self-medication program may put his/her own medication in a plastic divi-dose or other container for his/her convenience if so ordered by the prescribing health care practitioner.

**15. Stock of Medications**

- a. Each institution's medical unit shall stock a minimal amount of medications to use when pharmacy service is unavailable. Stock pharmaceuticals are to be ordered on the pharmacy- provided stock ordering form. Only medical personnel may take medication from stock and administer it upon a health care practitioner's order.
- b. Each container of stock medication must be labeled with the medication name, expiration date, and number of dosage units in the container.

  
Margaret M. Pugh, Commissioner  
Department of Corrections

  
Margaret M. Pugh, Commissioner  
Department of Corrections

**Authority:**

22 MC 05.120

22 MC 05.122

**Applicable Forms:**

807.05A - K

807.06A